

FORM

AU-22

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

CERTIFICATE REQUEST FORM

Steps 1 through 5 must be completed. If not, your request will be considered incomplete and rejected.

FOR DRA USE ONLY

STEP 1 PLEASE PRINT OR TYPE	BUSINESS NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER	
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER (for SMLLC)	
	ADDRESS (CONTINUED)		SOCIAL SECURITY NUMBER	
	CITY/TOWN, STATE, ZIP CODE		MEALS & RENTAL LICENSE NUMBER	
	CONTACT PERSON (Enclose original Form DP-2848, New Hampshire Power of Attorney if other than corporate officer, partner or member)		ENTITY TYPE CORPORATION <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>	
	CONTACT PERSON TELEPHONE NUMBER			
STEP 2 CERTIFICATE TYPE	GOOD STANDING <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> CANCELLATION OF DOMESTIC LLC <input type="checkbox"/> WITHDRAWAL <input type="checkbox"/> CANCELLATION OF FOREIGN LLC <input type="checkbox"/>			
STEP 3	Line 1 Date qualified with Secretary of State's Office to do business in New Hampshire: _____ Line 2 Date of last Business Activity in New Hampshire? _____ If this is a request for a Withdrawal or Dissolution, has a final return encompassing the last day of business been filed? Yes <input type="checkbox"/> No <input type="checkbox"/> Line 3 Reason for Certificate request: _____ Line 4 Which taxes have you filed with NH in the past (Check all that apply)? <input type="checkbox"/> Interest and Dividends Tax <input type="checkbox"/> Real Estate Transfer Tax <input type="checkbox"/> Communications Services Tax <input type="checkbox"/> Business Taxes <input type="checkbox"/> Meals and Rentals Tax <input type="checkbox"/> Other _____ Line 5 When was last return filed with the NH Department of Revenue? _____ Line 6 If filing as part of Combined Group indicate Name and FEIN of Company under which this entity files its NH returns: _____			
STEP 4 ATTACH- MENTS	A non-refundable fee of \$30.00 made payable to the State of New Hampshire, as required under RSA 77-A:18 and RSA 77-E:12, must accompany this form. If applicable, enclose: 1) Federal Form 966 2) Minutes of Meeting describing Dissolution/Liquidation/Cancellation.			
STEP 5 SIGNATURE AND TITLE	SIGNATURE (IN INK) OF CORPORATE OFFICER/PARTNER/MEMBER/PROPRIETOR _____ DATE _____ PRINT NAME _____ TITLE _____			

Approximate response time is 60 days for a Certificate of Dissolution, Withdrawal or Cancellation and approximately 30 days for a Certificate of Good Standing.

Do Not Write Below This Line

FORM

AU-22
CERTIFICATION PAYMENT FORM
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BUSINESS NAME				FEIN/SSN
Good Standing	Dissolution	Withdrawal	Cancellation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
009	006	006	019	
PREPARED BY _____		NH Dept. of Revenue Administration Audit Division MAIL TO: 45 Chenell Drive, PO Box 457 Concord, NH 03302-0457		
Certificate Fee \$ 30.00 Make check payable to: State of New Hampshire				

 AU-22
 Rev. 1/21/04

CERTIFICATE REQUEST FORM

INSTRUCTIONS

STEP 1 BUSINESS INFORMATION	Please enter the business name, address, contact name, the telephone number, entity type, and applicable identification number in the spaces provided. If the contact person is other than the officer, partner, member or proprietor, a Form DP-2848, Power of Attorney, must accompany this form.
STEP 2 CERTIFICATE TYPE	Check the box indicating the type of certificate you are requesting. A separate Form AU-22 must be submitted for each additional certificate request.
STEP 3	<p>Line 1 Enter the date you qualified with the Secretary of State's Office to do business in New Hampshire.</p> <p>Line 2 Enter the last day of business activity in New Hampshire for the entity for which you are requesting the certificate. A final return encompassing the date of withdrawal, dissolution or cancellation must be filed, check the appropriate box to indicate if the final return has been filed.</p> <p>Line 3 Provide a complete explanation of the reason(s) for the certificate request.</p> <p>Line 4 Check the box (es) to indicate all New Hampshire taxes you have filed with the state of New Hampshire.</p> <p>Line 5 Enter the date of the last return filed with the State of New Hampshire.</p> <p>Line 6 Enter the name and Federal Employer Identification Number (FEIN) of the parent company, if applicable. If not, specify "No Parent" or principal NH filer if entity files as a member of a combined group.</p>
STEP 4 ATTACHMENTS	<p>Dissolution, Withdrawal or Cancellation. If required to file, attach a final New Hampshire Business Enterprise and/or Business Profits Tax return for the period that includes the last date of business in NH. A copy of the first four pages of the federal return actually filed with the Internal Revenue Service (IRS) must be attached to the NH return.</p> <p>If not required to file, attach a copy of the first four pages of the federal return actually filed with the IRS for the period that includes the last date of business in NH.</p> <p>For dissolution, attach copies of Federal Form 966, the minutes of the board of directors' meeting authorizing the dissolution and a plan of liquidation and a schedule detailing the distribution of all NH assets. If signed by a representative other than the officer, partner, member or proprietor, attach a power of attorney or a personal letter signed by a corporate officer indicating an individual designated to act as your agent in tax matters, or a letter authorizing us to send the certificate to someone other than the taxpayer.</p> <p>Good Standing. Attach any and all returns that are due but have not yet been filed with the Department, including copies of all federal pages, as filed with the IRS.</p>
STEP 5 SIGNATURE AND TITLE	Signature, in ink, of a corporate officer, member, partner or proprietor, the title of that individual and the date the request was signed. If other than the corporate officer, member, partner or proprietor, attach a completed NH DP-2848, Power of Attorney.
NEED HELP	Call the Customer Service Office at (603) 271-2191, Monday through Friday, 8:00 am - 4:30 pm.
NEED FORMS	To obtain additional forms you may access our web site at www.revenue.nh.gov or call the forms line at (603) 271-2192.
ADA COMPLIANCE	Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.